

## CONSENT FORM FOR PARENTS/CARERS

**Centre Name:** Nottinghamshire Healthcare NHS Foundation Trust

**REC reference:** 18/NW/0079

**Participant Identification Number for this trial:**

### CONSENT FORM

**Title of Project:** Online Remote Behavioural Intervention for Tics (ORBIT)

**Name of Researcher:**

**Please**  
**initial box**

1. I confirm that I have read the information sheet dated \_\_\_\_\_ (version\_\_) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐
2. I understand that mine and my child's participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected. ☐
3. I understand that relevant sections of my child's medical notes and data collected during the study, may be looked at by individuals from the ORBIT team, from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records. I understand this data will be stored in the UK (Sealed Envelopes) and Sweden (BIP and BASS) secure databases and servers. ☐
4. I understand that the information collected about me and my child will be used to support other research in the future, and may be shared anonymously with other researchers. ☐
5. I agree to my child's General Practitioner being informed of our participation in the study. ☐

6. I understand that I/my child may be asked to take part in research interviews, which will be recorded and anonymous direct quotes from these interviews may be used in study reports.

☐

7. I agree for me and my child (named below) to take part in the above study.

☐

\_\_\_\_\_  
Name of Parent/carers      Date      Signature

\_\_\_\_\_  
Name of child

\_\_\_\_\_  
Name of Person      Date      Signature  
taking consent

When completed: 1 for participant; 1 for researcher site file; 1 (original) to be kept in medical notes.

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